

Commonwealth of Kentucky Transportation Cabinet Division of Motor Vehicle Licensing P.O. Box 2014 Frankfort, Ky. 40602

TC 96-179 Rev. 4/06

KENTUCKY SELF-SERVICE STORAGE ACT

(To satisfy lien per KRS 359-230)

Make	Year	Model
Cylinder	Body Style	Last License No.
Vehicle or Hull Identification No		KY No
Motor Vehicle or boat has been in my possession s		ce 20
Date occupant default	ted on payments	20
from the above date. To Name of P	This motor vehicle or boat was s urchaser)	(Address of Purchaser)
10 cover the unpaid b	balance in the total of \$	to satisfy such lien.
I further certify that the	ne owner of record,	
Whose address is, Has been notified by	registered mail of the time and p	place of sale and that all provisions of KRS 359-230 has been
met.		
Subscribed and Sworn to before me this d		(Affiant – Lienholder's Name)
	_, <u></u>	(Affiant - Lienholder's Address)
(Notary Public)		(Authorized Signature)
My commission expires		(Title)